

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-376)**

SERIAL NO. 09/381,464 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓			
2						
3						
4						
5						
6	✓		✓			
7						
8						
9						
10						
11						
12	✓		✓			
13						
14						
15						
16						
17						
18						
19	✓		✓			
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21	✓		✓			
22						
23	✓		✓			
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47						
48						
49						
50						
TOTAL IND.	6		6			
TOTAL DEP.	19		19			
TOTAL CLAIMS	25		25			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						